

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	z/f	20	02/21/01
O.I.P.E. CLASSIFIER			3/24
FORMALITY REVIEW	#2	TC-916	04-18-01
RESPONSE FORMALITY REVIEW	gmm	657	7/24/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(1 FEET INSIDE)

10/15/01